



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/08/2005

Business ID: 10432

William M. Gardner

Secretary of State

P & R EXCAVATING SERVICE, INC.

172 MAIN ST

LANCASTER, NH 03584

ADDRESS OF PRINCIPAL OFFICE:

172 MAIN ST

LANCASTER, NH 03584

REGISTERED AGENT AND OFFICE:

FRANCIS S DINEEN CPA

ENTITY TYPE: CORPORATION

BUSINESS ID: 010432

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020267805

EXCAVATION (1999 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Marilyn Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME Paul Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME Robert Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Marilyn Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME Paul Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME Robert Crane

STREET 172 Main Street

CITY/STATE/ZIP Lancaster, NH 03584

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Marilyn Crane

Please print name and title of signer:

MARILYN CRANE

NAME

President

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529